

**SECRET**

Tab A

Approved For Release 2001/10/30 : CIA-RDP57-00384R000500020137-6

**CLAIM FOR REIMBURSEMENT FOR THE  
STORAGE OF HOUSEHOLD EFFECTS**

Name of Claimant \_\_\_\_\_

Station/Allotment \_\_\_\_\_

I hereby claim reimbursement for the cost of storage of my household and personal effects as indicated below:

Storage authorized by Travel Order No. \_\_\_\_\_

Place of Storage \_\_\_\_\_

Name and Address \_\_\_\_\_

Net Weight of Effects Stored \_\_\_\_\_

Period Covered by Claim \_\_\_\_\_ to \_\_\_\_\_

Cost Per Month (Quarter, Year) \_\_\_\_\_

AMOUNT CLAIMED \*\* \_\_\_\_\_

\*\* It is requested that the approved amount of this claim be paid to my U. S. Bank allottee.

I certify that, during the period covered by this claim, I was occupying Agency furnished quarters in an officially designated emergency area.

I further certify that the amount claimed above was paid by me; and that I have not, nor will I be, reimbursed from any other sources, Government or private; and that this voucher and attachments, if any, are true and correct in all respects.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant

APPROVED:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**CERTIFICATION:**

I certify that this voucher has been examined by me; that receipts or other substantiating data have been furnished me, or a satisfactory explanation made for the failure to furnish same; that it appears from such data that the itemized expenditures were for necessary official purposes, reimbursement for which is allowable under existing regulations; and that such expenditures are properly chargeable to available allotment(s) as indicated below.

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Date

Allotment

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Security Information  
Authorized Certifying Officer

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Security Information  
CLAIM FOR RENT OF QUARTERS  
OCCUPIED AND RELATED COSTS

Name of Claimant \_\_\_\_\_ Station/Allotment \_\_\_\_\_

Address of Quarters Occupied \_\_\_\_\_

I hereby claim reimbursement for the cost itemized below of renting and maintaining living quarters at the address shown above as evidenced by receipts or other substantiating data attached:

| Nature of Costs      | Period | Amount |
|----------------------|--------|--------|
| Rent                 |        |        |
| Utilities (Itemize)  |        |        |
|                      |        |        |
|                      |        |        |
| Other (Itemize)      |        |        |
|                      |        |        |
|                      |        |        |
| Less: Reimbursed by: |        | ( )    |

**TOTAL AMOUNT CLAIMED**

I certify that the amounts claimed above were paid by me as necessary authorized expenses of maintaining my living quarters; and that I have not been, nor will I be, reimbursed from any other sources, Government or private, except as indicated above; and that this voucher and attachments, if any, are true and correct in all respects.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of claimant

**APPROVED:**

Quarters cost claimed above are reasonable in consideration of the employee's status, local living conditions, and in comparison with quarters furnished to other U. S. Government employees in this area.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

Received from \_\_\_\_\_  
the sum of \_\_\_\_\_  
in settlement of claim above.

\_\_\_\_\_  
Date

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